

ART B - FEE(S) TRANSMITTAL

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24239 7590 01/30/2007

MOORE & VAN ALLEN PLLC
P.O. BOX 13706
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Katie M. Efland	(Depositor's name)
<i>Katie M. Efland</i>	(Signature)
4-25-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/722,906	11/25/2003	Kristofor M. Hallee	014881-000196	2928

TITLE OF INVENTION: MULTI-CONFIGURED TOOL BIT BOX

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/30/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FIDEI, DAVID	3728	206-373000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. Dennis J. Williamson
2. Moore & Van Allen PLLC
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Irwin Industrial Tool Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Huntersville, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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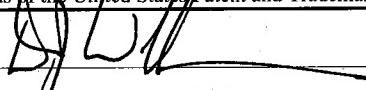
- A check is enclosed. X - Electronic Funds Transfer (EFT)
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4365 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____



Date April 25, 2007

Typed or printed name Dennis J. Williamson

Registration No. 32,338

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